LTBB CHILD CARE ASSISTANCE PROGRAM
WEEKLY TIMESHEET

Parent/Guardian Name:_____
(Please print)

Please use blue or black ink to complete this form		CHILD 1		CHILD 2		CHILD 3		CHILD 4	
DAY / DATE		Time In	Time Out	Time In	Time Out	Time In	Time Out	Time In	Time Out
Sunday									
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									

Please round to the nearest 1/4 hour. For example: 7:10 would be rounded up to 7:15; 7:05 would be rounded down to 7:00. The maximum payable hours are 40 per week. Please indicate in the comments section if there was a school closing, vacation or if the child was ill and unable to attend school.

Comments: _____

- I certify that the above information is correct and request payment for the hours of child care used.
- I understand that I can only count those hours that parent(s) are working, attending school or in an on the job-training program.
- I understand that I can only count those hours that my children are in child care with my approved provider.
- I understand that I am responsible for the portion of child care that is not paid for by the LTBB Child Care Assistance Program.
- I understand that the Tribe reserves the right to prosecute for any form of fraud or misrepresentation in receipt of benefits.
- I understand that timesheets turned into the LTBB Dept of Human Services that are found to be incomplete will not be paid until all information is obtained.
- I understand that I have the option of turning timesheets in on a weekly or monthly basis provided my child care provider is in agreement.
- I understand if I choose to submit timesheets on a monthly basis, they must be received in the LTBB Department of Human Services no later than five (5) business days after the last day of that month.

This form must be signed by both the parent and the provider and the date entered cannot be before the last day services are rendered

Parent/Guardian Signature: _____ Date _____

Provider Signature: _____ Date _____

Provider Print Name: _____

Printed Name of Agency: _____